

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**REPLACEMENT OF QUALIFYING AGENT  
CONTRACT SECURITY COMPANY**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**In addition to submitting a completed application, complete the following:**

1. Submit the original letter from DOPL's approved examination provider verifying that the qualifying agent has passed the Utah Security Personnel Qualifying Agent Examination. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date, the provider is PSI.
2. Bring your completed application to DOPL's offices (*160 E. 300 S., Main Lobby, Salt Lake City*) to complete electronic fingerprinting using DOPL's Identix equipment.

**OR**

Submit **two** applicant fingerprint cards (*Form FD-258: white with blue lines*) to be used by

DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). See “Additional Important Information.”

3. Submit a resume describing in detail the qualifying agent’s 6,000 hours of qualifying experience as a manager, supervisor, or administrator of a contract security company or as a supervisor of a federal, state, county, or local law enforcement agency. Include information naming the contract security company(s) the qualifying agent worked for and the positions the qualifying agent held with each contract security company or law enforcement agency. Describe in detail the supervisory or administrative responsibilities held in each position.
4. Submit a copy of the qualifying agent’s driver’s license or Utah identification card clearly indicating the driver’s license number or Utah ID number.
5. Submit a “Request for Verification of Qualifying Experience” form (*attached to this application*) documenting the qualifying agent’s qualifying experience consisting of 6,000 hours of experience as a manager, supervisor, or administrator of a contract security company or of supervisory experience with a federal, United States military, state, county, or municipal law enforcement agency.
6. Submit an **\$85.00** non-refundable application-processing fee, made payable to “DOPL,” that includes a \$50.00 fee for the replacement of the qualifying agent, a \$15.00 surcharge for a BCI Utah Criminal History file and fingerprint file search of the qualifying agent, and a \$20.00 surcharge for a FBI fingerprint file search of the qualifying agent.

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Law and Rules Exam:** The qualifying agent must pass the Utah Security Personnel Qualifying Agents Examination. Applicants must apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267 to register for the examination.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov)

- ☐ Division of Occupational & Professional Licensing Act
  - ☐ General Rules of the Division of Occupational & Professional Licensing
  - ☐ Security Personnel Licensing Act
  - ☐ Security Personnel Licensing Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
  3. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.

4. **Fingerprint Information:** All applicants are required to undergo a criminal background check and fingerprint search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). **Fingerprint cards that are not complete and/or properly rolled will be rejected, delaying the licensure process.**

To expedite the licensure process, you can obtain electronic fingerprinting at DOPL's offices (160 E. 300 S., Salt Lake City), 8:00 a.m. to 5:00 p.m., Monday through Thursday, except holidays. Currently, there is no fee to roll electronic fingerprints for DOPL licensure applicants. A current government issued picture ID is required.

If you are unable to obtain electronic fingerprints at DOPL's office, you must include two (2) blue fingerprint cards (*Form FD-258*) with your application. Fingerprint cards are supplied with the application if obtained from DOPL. If you downloaded the application from the Internet, you may obtain fingerprint cards from DOPL, the Bureau of Criminal Identification (BCI), or your local police station. **To have your fingerprints rolled onto the blue fingerprint cards, you must go to BCI or a local police station.**

#### **BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:**

- \$13.00 fee for up to three fingerprint cards
- Walk-ins only; no appointments taken
- Open 7:00 a.m. - 6:00 p.m., Monday - Thursday except holidays
- Government-issued picture ID required (*driver's license, state ID, passport, etc.*)
- Website: [www.bci.utah.gov](http://www.bci.utah.gov)
- Phone: 801-965-4445
- Address: 3888 W. 5400 S., Taylorsville, UT 84118  
(1/2 block west of Bangerter Highway, behind McDonalds)

**REVIEW OF YOUR FBI RECORD:** If you wish to challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI, Criminal Justice Information Services (CJIS) Division, Attn. SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

5. **Application Processing:** DOPL requires approximately two weeks to process a complete application for licensure. In addition, an FBI file search takes approximately 12 weeks. An applicant may not begin working in the Contract Security business until the application has been approved.
6. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).

7. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to “DOPL.” Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office – but not over the telephone.

8. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1st Floor Lobby  
Salt Lake City, Utah 84111

9. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah
10. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

The business legal name is the name that will appear on the license. This is normally the name registered with the Utah Division of Corporations. If there is a fictitious business name (*doing business as*), list that name also, e.g., XYZ Corporation dba XYZ Contract Security Company. If the applicant is not required to be registered with the Division of Corporations, it is the name of the contract security company or facility where the licensed activity is to be conducted.

## GENERAL INFORMATION:

**APPLICATION FOR:** Replacement of Qualifying Agent for Contract Security Company

**BUSINESS LEGAL NAME:** \_\_\_\_\_

Name of Qualifying Agent Being Replaced: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### ***DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY***

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

**CONTACT PERSON FOR LICENSING PURPOSES:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**QUALIFYING AGENT:**

Full Name and Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship of Qualifying Agent to Contract Security Company: *(Check all that apply.)*

☐ Officer

☐ Director

☐ Partner

☐ Proprietor

☐ Manager

**EXAMINATION REQUIREMENT:**

Answer “yes” or “no.”

\_\_\_\_\_ The Utah Security personnel Qualifying Agents Exam, Date(s) Taken: \_\_\_\_/\_\_\_\_/\_\_\_\_

**AFFIDAVIT FOR UTAH LAWS AND RULES:**

I hereby certify that I understand that it is my individual responsibility to read and understand all statutes and rules pertaining to my practice as a contract security company qualifying agent in Utah, and I agree to comply with such.

Signature of Qualifying Agent: \_\_\_\_\_

# CONTRACT SECURITY COMPANY QUALIFYING AGENT QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
11. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Continued on the next page.)

12. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
13. \_\_\_\_\_ Do you currently have any criminal action pending?
14. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

**If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**



# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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*(FOR TWO-SIDED PRINTING)*

Utah Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: (801) 530-6511

## REQUEST FOR VERIFICATION OF QUALIFYING EXPERIENCE

**PART I - TO BE COMPLETED BY THE APPLICANT:** Complete Part I and submit a copy of the entire document to each Contract Security Company or Law Enforcement Agency where you received qualifying experience.

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Contract Security Company / Law Enforcement Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of hours as manager, supervisor, or administrator: \_\_\_\_\_

2. Contract Security Company / Law Enforcement Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of hours as manager, supervisor, or administrator: \_\_\_\_\_

3. Contract Security Company / Law Enforcement Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of hours as manager, supervisor, or administrator: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Continued on the next page.)*

**PART II - TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE  
CONTRACT SECURITY COMPANY or LAW ENFORCEMENT AGENCY:**

Please review Part I of this form and furnish the information requested below. Sign the document, place the completed form in a sealed envelope, and return it to the applicant.

Contract Security Company / Law Enforcement Agency: \_\_\_\_\_

Answer "yes" or "no."

\_\_\_\_\_ Do you agree with the information listed on the reverse side of this page from the applicant?

\_\_\_\_\_ Would you re-hire the applicant?

\_\_\_\_\_ Would you recommend that this applicant be approved as a Qualifying Agent?

If "No," please indicate reason(s): \_\_\_\_\_

What position did the applicant have with your company? *(Please check all that apply.)*

☐ Officer

☐ Partner

☐ Manager

☐ Director

☐ Proprietor

☐ Other, specify: \_\_\_\_\_

**GENERAL WORK HISTORY:**

☐ Outstanding

☐ Exceeded Requirements

☐ Met Requirements

☐ Needed Improvement

☐ Unsatisfactory

I have reviewed ALL the information on this document and attest that to the best of my knowledge the information concerning the contract security company / law enforcement agency I represent is accurate and truthful.

Contract Security Company / Law Enforcement Agency Representative

Name: \_\_\_\_\_ Title: \_\_\_\_\_

License Number *(if applicable)*: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Contract Security Company / Law Enforcement Agency Representative

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

